



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

21 S FRUIT ST. STE. 16  
CONCORD NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

**Request for NCLEX Accommodations under the  
Americans with Disabilities Act**

Last Name:	First Name:	Other Names Used:
Address:		
Home Phone:	Email address:	
Please check one: <input type="checkbox"/> Accommodation requested for RN NCLEX <input type="checkbox"/> Accommodation requested for PN NCLEX		

**Please submit this form, completed, along with the following information:**

- ☐ A personal statement indicating the specific modifications/accommodations being requested and the rationale for the request.
- ☐ Documentation from the nursing program director supporting the request for accommodation. This must include a history of the disability and any past accommodation granted the candidate during the clinical and theoretical portions of the nursing program and a description of its impact on the individual's functioning.
- ☐ Results of appropriate diagnostic testing by a qualified professional with expertise in the area(s) of the diagnosed disability including identification of the specific standardized and professionally recognized test/assessment given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale). A professionally recognized diagnosis must be included in the documentation.
- ☐ Interpretation of the scores resulting from the diagnostic testing by a qualified professional with recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability.

**Following receipt of the materials indicated above, the ADA Committee of the Board will review the information submitted and make a determination regarding the request for accommodations. You will be notified of the Committee's decision and the decision will be submitted to the National Council of State Boards of Nursing for verification and authorization.**

Signature:	Date:
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